Fill	in this information to identify your c	ase:								
Del	otor 1 James D Ge	ntry								
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF OHIO							
Cas	se number 3:16-bk-31310					Ch	eck if this is:			
(If kr	nown)		-				An amende	ed filing		
								,	g postpetition cl bllowing date:	hapter
0	fficial Form 106I						MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/15
sup spo	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filing wi	ng jointly, and your sith you, do not include	spouse de infor	is livi matic	ng wi	th you, incl out your spo	ude inform ouse. If mo	nation about yo ore space is ne	our eded,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fil	ling spouse	
	If you have more than one job,		■ Employed				☐ Empl	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed				■ Not e	mployed		
	employers.	Occupation	Principal Design	ner						
	Include part-time, seasonal, or self-employed work.	Employer's name	Atricure							
	Occupation may include student or homemaker, if it applies.	Employer's address	7555 Innovation Mason, OH 4504							
		How long employed t	here?							
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any I	ine, wı	ite \$0 in the	space. Inc	clude your non-f	iling
If yo	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	ombine the information	n for all	emplo	yers f	or that perso	on on the lir	nes below. If yo	u need
						For D	ebtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		8,071.06	\$	0.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	0.00	

\$

0.00

8,071.06

Calculate gross Income. Add line 2 + line 3.

Debt	OF T	James D Gentry	-	Cas	e number ( <i>if known</i> )	5:10	6-bk-31310
				Fo	or Debtor 1		r Debtor 2 or n-filing spouse
	Cop	y line 4 here	4.	\$	8,071.06	\$_	0.00
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,551.02	\$	0.00
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
	5e.	Insurance	5e.	\$	456.30	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	0.00	\$	0.00
	5h.	Other deductions. Specify: LTD and STD	5h	+ \$	46.46	+ \$ _	0.00
		FSA		\$	212.50	\$	0.00
		Stock purchase	_	\$	80.22	\$	0.00
		Life insurance	_	\$	128.84	\$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,475.34	\$_	0.00
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,595.72	\$_	0.00
	8a.	Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$_	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$_	0.00
	8e.	Social Security	8e.	\$	0.00	\$_	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$_	0.00
	8g.	Pension or retirement income	8g.	\$	0.00	\$_	0.00
	8h.	Other monthly income. Specify:	_ 8h	+ \$	0.00	+ \$_	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$_	0.00
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	i	5,595.72 + \$_		0.00 = \$ 5,595.72
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a cify:	deper		•		

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data*, if it applies

12.	\$ 5,595.72
	 bined thly income

13. Do you expect an increase or decrease within the year after you file this form?

NO.	
Yes. Explain:	

Fill	in this information to identify your case:					
Deb	tor 1 James D Gentry			Check	if this is:	
				_	n amended filing	
	tor 2 puse, if filing)				supplement show 3 expenses as of t	ring postpetition chapter he following date:
Unit	ed States Bankruptcy Court for the: SOUTHERN DISTR	RICT OF OHIO		N	IM / DD / YYYY	
Cas	e number 3:16-bk-31310					
(If k	nown)	•				
Of	fficial Form 106J			•		
S	chedule J: Your Expenses					12/15
Be info	as complete and accurate as possible. If two mar ormation. If more space is needed, attach another nber (if known). Answer every question.					
Par 1.	t1: Describe Your Household Is this a joint case?					
	■ No. Go to line 2.					
	☐ Yes. Does Debtor 2 live in a separate househ	old?				
	□ No					
	☐ Yes. Debtor 2 must file Official Form 106	J-2, Expenses	for Separate House	ehold of Debto	r 2.	
2.	Do you have dependents? ■ No					
		nformation for dent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.					☐ Yes ☐ No
						☐ Yes
			-			□ No
						☐ Yes
						□ No
2	De veur expenses include					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes					
Por	<u>·                                      </u>					
Est	imate your expenses as of your bankruptcy filing enses as of a date after the bankruptcy is filed. If	date unless ye				
app	licable date.					
Inc	ude expenses paid for with non-cash governmen value of such assistance and have included it on	t assistance if	you know			
	ficial Form 106l.)	ochedale I. T	our meome		Your expe	enses
4	The control and co		alada Cartarantara			
4.	The rental or home ownership expenses for you payments and any rent for the ground or lot.	ir residence. Ir	nciude first mortgage	4. \$		0.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance			4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expe			4c. \$		100.00
5.	4d. Homeowner's association or condominium de Additional mortgage payments for your residen-		me equity loans	4d. \$ 5. \$		18.00 0.00
٥.		- 5, 54011 40 1101	544 104110	υ. ψ		0.00

ebtor 1	James D Gentry		Case num	ber (if known)	3:16-bk-31310
1 14:11:4	ion				
. <b>Utili</b> t 6a.	Electricity, heat, natural gas		6a.	\$	312.00
6b.	Water, sewer, garbage collection		6b.	\$	80.00
6c.	Telephone, cell phone, Internet, satellite	and cable services	6c.	\$ ——	355.00
6d.	Other. Specify:	, and cable services	6d.	·	
	d and housekeeping supplies		—— od. 7.	\$	0.00
				·	790.00
	dcare and children's education costs		8.	\$	0.00
	ning, laundry, and dry cleaning		9.	\$	80.00
	onal care products and services		10.	\$	20.00
	cal and dental expenses		11.	\$	200.00
	<b>sportation.</b> Include gas, maintenance, but include car payments.	us or train fare.	12.	\$	200.00
. Ente	rtainment, clubs, recreation, newspape	ers, magazines, and books	13.	\$	100.00
. Cha	itable contributions and religious dona	ations	14.	\$	0.00
. Insu	rance.				
Do n	ot include insurance deducted from your p	pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00	
15b.	Health insurance		15b.	\$	0.00
15c.	Vehicle insurance		15c.	\$	194.00
15d.	Other insurance. Specify:		15d.	\$	0.00
	s. Do not include taxes deducted from yo	our pay or included in lines 4 or 20.		•	0.00
Spec	sify:		16.	\$	0.00
	Illment or lease payments:		170	Φ.	0.00
	Car payments for Vehicle 1		17a.	·	0.00
	Car payments for Vehicle 2		17b.	\$	0.00
	Other. Specify:		17c.	·	0.00
	Other. Specify:		17d.	\$	0.00
	payments of alimony, maintenance, and payments of alimony, maintenance, and payments of schedules of the payments of the payme			\$	0.00
	r payments you make to support other		).	\$	0.00
Spec		3 will do not live with you.	19.	Ψ	0.00
	r real property expenses not included	in lines 4 or 5 of this form or on Sc		our Income.	
	Mortgages on other property		20a.		0.00
	Real estate taxes		20b.		0.00
	Property, homeowner's, or renter's insur	rance	20c.		0.00
	Maintenance, repair, and upkeep expen		20d.	·	0.00
	Homeowner's association or condomini		20a. 20e.	·	
		unidues		·	0.00
. Othe	r: Specify:		21.	+\$	0.00
	ulate your monthly expenses				
22a.	Add lines 4 through 21.			\$	2,449.00
22b.	Copy line 22 (monthly expenses for Debte	or 2), if any, from Official Form 106J-2	2	\$	
22c.	Add line 22a and 22b. The result is your	monthly expenses.		\$	2,449.00
. Calc	ulate your monthly net income.				
	Copy line 12 (your combined monthly in	come) from Schedule I.	23a.	\$	5,595.72
	Copy your monthly expenses from line 2		23b.		2,449.00
_55.	- The first the second		200.		<u></u>
23c.	Subtract your monthly expenses from your monthly net income.	our monthly income.	23c.	\$	3,146.72
For e modif					ease or decrease because of a
$\square$ Y	es. Explain here:				